PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notification	ns.	2.00 1, 0, () 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	.,	·	o, and or (o) mananing a sope	and the the breed to
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
05514 7	7590 09/27/2005	_		have its own certifica	te of mailing or transmission.	or or round, drawing, must
FITZPATRICK 30 ROCKEFELLI NEW YORK, NY	W088	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the States Postal Service with sufficient postage for first class mail in an eaddressed to the Mail Stop ISSUE FEE address above, or being fatransmitted to the USPTO (571) 273-2885, on the date indicated below.				
		OCT 3 1 20	אָע פּטונ	<u>L</u>		(Depositor's name)
•	•	\ A	Æ			(Signature)
		BY & TEATHERS				(Date)
APPLICATION NO.	FILING DATE		IAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/978,214	10/17/2001	Tada	ashi Yamakav	va	35.C15888	4146
TITLE OF INVENTION: S	YSTEM FOR OPERATING	DEVICE FROM REMOT	REMOTE LOCATION AND APPARATUS FOR USE IN THE SYSTEM			
		DS TOD I NOM TOMO	L LOCITIO	ii iii D iii i iii Gi i Oc	TOR OBE IN THE STATEM	
		·				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	12/27/2005
EXAMINER		ART UNIT	C	LASS-SUBCLASS	7	
JUNG, DAVID YIUK		2134	2134			
CFR 1.363).	e address or indication of "Fe	` m	-	the patent front page, 1 up to 3 registered pate	D: L	atrick, Cella
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively, (2) the name of a single firm (having as a member a 2 Harper & Scinto			
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	tion (or "Fee Address" Indica or more recent) attached. Use	tion form regis	tered attorney	y or agent) and the name t attorneys or agents. It	nes of up to	
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON THE PA	TENT (print	or type)	1/01/000E MEETITUED 010	
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee data will of this form is NOT a subs	ll appear on t	he patent. If an assignment.	1/01/2005 MBEYENE2 0001 pee is identified below, the de 1 FC:1501	0009 09978214 ocument has been filed for 1400.00 0p
(A) NAME OF ASSIGN	EE	(B) RESID	RESIDENCE: (CITY and STATE OR COUNTRY) 360.00 OP			
Canon Kabu	shiki Kaisha	Toky	o, Jap	an		15.00 OP
Please check the appropriate	assignee category or categor	ries (will not be printed on	the patent):	☐ Individual 🖾 C	Corporation or other private gro	oup entity Government
			4b. Payment of Fee(s):			
☐ Issue Fee ☐ Publication Fee (No small entity discount permitted)			A check in the amount of the fee(s) is enclosed.			
Advance Order - # of			Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of	Copies 5	\\ \text{Zi The Deposite}	\square The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $0.6-1.205$ (enclose an extra copy of this form).			
	(from status indicated above)					
	MALL ENTITY status. See 3		pplicant is no	longer claiming SMA	LL ENTITY status. See 37 CF	R 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu ublication Fee (if required) words of the United States Pate	e Fee and Publication Fee rill not be accepted from ar nt and Trademark Office.	(if any) or to nyone other th	re-apply any previous nan the applicant; a reg	ly paid issue fee to the applicatistered attorney or agent; or th	tion identified above. e assignee or other party in
Authorized Signature	the A. Maylon			Date 0c	tober 28,2005	
Authorized Signature John D. Magluyan Typed or printed name John D. Magluyan			Date October 28, 2005 Registration No. 56, 867			
This collection of information an application. Confidentiali	n is required by 37 CFR 1.31 ty is governed by 35 U.S.C.	1. The information is requ 122 and 37 CFR 1.14. Thi	ired to obtain	or retain a hanafit hu	the public which is to file (and minutes to complete, including	by the USPTO to process)

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.